

MEDI-LEGAL RESOURCE NEWS

NEWSLETTER DATE

HOSPITAL ACQUIRED INFECTION BY BOBBI BLACK RN CLNC

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METHICILLIN- RESISTANT STAPHYLOCOCCUS AUREUS

- a/k/a **MRSA**
- **Caused by a strain of Staphylococcus aureus bacteria, a common bacteria that normally lives on the skin.**
- **Is resistant to beta-lactam antibiotics which include; Methicillin, Amoxicillin and Penicillin.**
- **Over the past several years MRSA infection have increased in people not considered at high risk.**

The U.S. Center for Disease control reports nearly two million patients contract infections during their hospital stay resulting in significant morbidity, mortality and financial expense. Infections that occur within 48 hours of a hospitalization are typically considered hospital acquired infections. In turn, infections that occur after discharge are also considered to have a nosocomial origin, if the organisms were acquired during the hospital stay. Hospital-acquired infections encompass almost all clinically evident infections that do not originate from the patient's original admitting diagnosis.

It is estimated that one out of ten hospital patients acquires a nosocomial infection. Within hours of admission, hospital strains of bacterial can develop in the patient's skin, respiratory tract, and genitourinary tract. Nosocomial infections can be caused by viral, bacterial and fungal pathogens. Fevers in patients, originally admitted with an afebrile diagnosis, warrant further investigation of these pathogens in order to determine etiology.

Theoretically, nosocomial infections can be transmitted via the many modes that typically occur within a community. The five main routes include contact, droplet, airborne, common vehicle and vectorborne. Direct person to person contact between an infected patient, staff members, visitors or indirect transmission through equipment, supplies, procedures or through the air are most common in hospitals. This movement of pathogens from individual to individual via various routes is referred to as a chain of transmission. A set of guidelines a/k/a Universal Precautions have been established in order to prevent infection of the healthcare worker as well as to break these chains of transmission.

Transmission of infection typically require three elements; a source (microorganism), a susceptible host and a means of transmission. Risk factors for invasion of colonizing pathogens also categorized into 3 areas and typically occur in tandem; 1) iatrogenic, which include pathogens on the hands of personnel or equipment; 2) organizational factors such as contaminated air-conditioning systems, water systems and physical layout; 3) patient risk factors such as severity of disease or underlying immunocompromised state and length of hospital stay. Broken skin and/or mucus membranes and immunosuppression make patient's more susceptible to infections. Pathogens also tend to become incorporated into the normal flora of hospital workers, which in turn makes them a very available source of transmission to patients and difficult to identify and treat once underway. Sources from instrumentation are also considered a potential means of communicating infections. Managing this equipment requires careful handling, cleaning, disinfecting and using disposable items whenever possible. These factors, alone or in combination, play a role in the spread of infection and not only lead to higher likelihood of transmission of pathogens, but potentially to an evolution of enhanced disease-causing microorganisms that can harbor within the hospital setting. Of particular concern are the microorganisms that have acquired antibiotic resistant factors, which can lead to life threatening situations.

Interestingly, the scientific literature reveals considerable numbers of studies that have established a link between waterborne pathogens and patient infections. Tap water is typically used for drinking, bathing, ice preparation and rinsing equipment. In the early 1990's contaminated bath water was

HOSPITAL ACQUIRED INFECTIONS (CONTINUED)

investigated as a source of microorganism transmission. It was felt that faucets and showers produce vaporized water droplets that migrate on air currents. These water droplets carry bacteria, fungus and protozoan pathogens that settle on surfaces and contact patients as well as staff. A more recent article cited by Anaissie, et al discusses the drinking water supply as a potential source of nosocomial infection. This study revealed approximately 1400 death occurred each year as a result of waterborne infection caused by pseudomonas aeruginosa alone. It is felt, that despite effective control measures no clear guidelines have been established to control this mode of transmission. In conclusion, they recommended the use of sterile water, as a low-cost approach to avoid exposure, for those patients considered at high risk for infection.

Bacteria is the most common pathogen related to nosocomial infection. Viruses such as hepatitis B and C, respiratory syncytial virus (RSV), rotavirus and enterovirus can be transmitted by hand-to-mouth contact. Fungi and parasites are opportunistic organisms and can cause infection during extended course of antibiotic therapy.

Signs and Symptoms of infections include fever, chills, tachycardia, tachypnea, skin rash and general malaise. Some of the most common nosocomial sites include urinary tract, surgical wounds, respiratory tracts, skin, blood, GI tract and central nervous system.

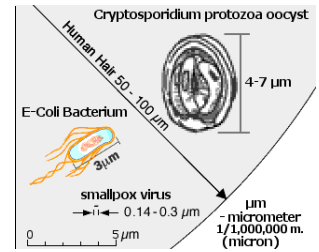
Antimicrobial resistance is becoming a major factor in hospital acquired infections. Of course, physicians are very concerned that many bacterial infections may soon be untreatable as infective organisms have the ability to adapt quickly to a new environment and even a single cell mutation can have a large impact on their disease causing properties allowing them to replicate and evolve rapidly. Hospitals worldwide face unprecedented crises from rapid emergence and dissemination of microbes resistant to one or more antimicrobial agents. Not only does this have adverse effects on public health but it also contributes to increased healthcare costs. It is estimated these costs range \$4.5 billion to \$11 billion, annually.

It is felt that nosocomial infections double the mortality and morbidity risks of any admitted patient resulting in many deaths per year. In the U. S., nosocomial infections are felt to occur in 5% of all acute care hospitalizations. According to the CDC's National Nosocomial Infections Surveillance survey, Intensive Care Units rank the highest for central line bloodstream infections.

References:

[Nosocomial Infections](#)

[CDC Infection Control Guidelines](#)



Bacteria contain the tools necessary for copying DNA allowing reproduction whereas **Viruses** have to invade other cells and hijack their cellular machinery in order to reproduce.

Many nosocomial infections require expert care from an ICU Team, Infectious Disease Specialist and a Surgical Team

PRIVATE INVESTIGATOR "THE ATTORNEY'S SECRET WEAPON"

BY MARK SOKOLOFF P.I.

Most attorneys prefer to do a thorough investigation of each case before they agree to represent a case and/or file a lawsuit. Often, time works against them and circumstances dictate how they proceed. Enter the Private Investigator with his "Toolbox" of databases, contacts and expertise to evaluate the prospective claim, or the prospective client.

In Personal Injury Auto Accidents, an attorney

will often accept a client based on the client's perspective, investigating officer's report and/or witness statements. However, the injuries sustained by that client may be so severe that the attorney becomes blinded by the damages and may overlook the difficulties in proving liability.

An investigator will interview all of the parties involved and the witnesses. We research driv-



PI's often assist attorneys in civil cases; insurance companies to settle claims or defense attorneys in criminal cases.

PI “THE SECRET WEAPON” (CONTINUED FROM PAGE 2)

ing records and criminal histories, weather conditions and take photos of the location and the vehicle damages. We provide the facts that will assist the attorney in evaluating the claim and are available to testify at trial if needed.

In cases that question the liability and naming the proper defendant, such as an employee driver, an employer and/or a separate owner of the vehicle, the investigator assists the attorney by researching the vehicle ownership as well as the employer’s liability. Perhaps the employee borrowed the vehicle from a friend or relative. Perhaps the employer was under contract with another party. Potentially, many factors could impact the recovery of a claim.

It is vitally important for the attorney to know the relationship that existed between all parties. The Private Investigator focuses on a comprehensive, complete and accurate search ultimately assisting the attorney in making a decision based on fact, not speculation. We are the attorneys “eyes” and ears.” Our expertise in the field allows the attorney the time he/she needs for more productive and lucrative endeavors and focus on aspects of the law.

In Personal Injury and/or Property Damage cases the insurance claims adjusters will usually make the initial investigation. Typically they focus on taking a statement from their insured, other parties involved and obtaining a few damage photos. For questions of liability, the Private Investigator will probe deeper into the causes of the collision or injury, using our skills and tools, we are able to reconstruct the accident, assisting the attorney in making a more informed analysis.

In Product Liability cases, a puzzle must be solved. Do the pieces fit? A Private Investigator does the necessary research that will ultimately determine fault. We locate and interview witnesses who have knowledge of the design and manufacture specifications without compromising the client or attorney’s position.

In Criminal Defense cases, the Private Investigator obtains the “real” story. Law enforcement is not always able to search around the corner and behind the door when investigating a case. They attack it head-on, but may overlook the most obvious questions. These questions, answered can determine guilt or innocence. The Private Investigator thinks “outside the box”. He takes an open, unbiased approach, un-pressured by establishment or media. We are not intimidating to witnesses which often allows cooperation that might be inhibited by law enforcement.

In Worker’s Compensation cases, the Private Investigator steps into the shoes of the injured party, the co-worker, the employer or the witnesses and through in-depth interviews, on site inspections and safety research, will get to the root of the problem that caused the injury. Conversely, when worker’s compensation fraud is the issue, the Private Investigator uses his tools of interviewing, character analysis and surveillance to present a true picture of the injured party.

Private Investigators contribute to attorney/client meetings by bringing an informed opinion to the table. This goes a long way to bolster and/or clarify the issues and support the attorney’s position.

In some cases the Private Investigator can be called upon to confirm or refute statements of financial disclosure, which may effect settlement negotiations. When there is a need to establish proof of fraud, an investigator is instrumental in providing the evidence.

Attention Attorney’s! Take a moment and think about the ultimate secret weapon. The Private Investigator will obtain the information you need, clarify the facts and help you gain the winning edge.

Mark Sokoloff is located in Des Moines, IA.

Contact: Sokoloff Investigations
515-321-6188



Private Investigators are trained to perform physical surveillance and use many methods to determine the facts. Quite often, they uncover the subject performing activities that contradict the injury. .

DEHYDRATION

BY LISA WOLFE, RN CLNC

Dehydration means the body does not have enough fluids to function at an optimal level. The most common causes include fluid loss through vomiting, diarrhea, excessive diaphoresis (sweating) or excessive urination, inadequate intake of fluids or may result as a combination of both. These patients require close monitoring and fluid replacement should begin simultaneously with fluid loss.

Assessment of hydration status can be one of the most important aspects of the physical examination for a person at high risk for dehydration. Dehydration in the otherwise healthy adult is less common. Symptoms are usually more related to the rate of fluid loss rather than the degree of fluid loss. The degree of loss is typically estimated according to the symptoms of thirst, dry mouth or eyes and the frequency and volume of urination. Infants and children, because of their small body weights and higher turnover rate for water and electrolytes, are more susceptible to dehydration than the average aged adult. In turn, elder adults, typically have developed an aging body's inability to maintain homeostasis, a total body weight reduction with the loss of lean muscle mass, a decrease in the thirst mechanism and a functional decline in the renal system are contributing factors that increase an older individual's susceptibility to fluid loss and dehydration.

Dehydration is classified as 1) mild defined by a loss of 3-5% of body weight; 2) moderate defined by a 6-10% loss of body weight; 3) severe defined by more than 9-15% loss of body weight which can be life threatening.

One of the earliest signs of dehydration is dry mucous membranes. Of course, mouth breathing may dry out membranes in the absence of dehydration or recent vomiting may make mucous membranes appear moist and quite often halitosis is present in a dehydrated individual. Vital sign alteration might include a decreased or low blood pressure and the heart rate increased. Tissue turgor assessments reflect the amount of fluid in

the interstitial spaces is best assessed on abdomen, thigh or chest. Abdomen testing alone may be misleading due to distention or obesity which may mask turgor loss. The open fontanel, in a dehydrated infant will typically be sunken. Prolonged peripheral perfusion greater than 3 seconds often accompanies dehydration. This can be assessed by testing the blanching of the nail beds, Urinary output and specific gravity can be clinical indicators of fluid loss. As the urine output decreases the specific gravity will increase. Temperature monitoring is important as fever increases the insensible fluid loss. Assessment / Evaluation of weight loss which usually correlates with hydration status. i.e. 5% weight loss is typically considered 5% dehydration.

BUN, Blood Chemistry, Urine specific gravity, Creatinine and CBC are the most common studies used to confirm a diagnosis of dehydration. Other studies or test may be order to rule out the cause of fluid loss. Treatment goals are aimed at restoring fluid balance with fluids similar in composition to those lost. Early detection and corrective fluid replacement is essential to a favorable outcome. For the mildly dehydrated, otherwise health individual treatment may be a simple as drinking fluids and/or electrolyte drinks. The moderately or severely dehydrated patient will often require hospitalization and IV fluid replacement.

Untreated or severe dehydration can lead to seizures, permanent brain damage or even death.

References:

[Advanced Health Assessment and Clinical Diagnosis, 2nd edition;](#) Dains, Bauman and Scheibel

[Harrison's Principles of Internal Medicine, 15th edition;](#) Braunwald.

It is possible to avoid serious complications of dehydration by recognizing the early signs/symptoms and treating them promptly.

CASE LAW UPDATES

U. S. 5th Circuit Court of Appeals [7/19/06—No. 05-30197] [Cleveland v United States](#)—Medical Malpractice Ruling in favor of the United States: Affirmed over challenges under the Federal Court Claims Act. The plaintiff failed to adduce expert testimony within the scope of practice and same medical specialty as the allegedly negligent doctor therefore failed to prove the defendant's conduct fell below the requisite standard of care.

California Appellate Districts [7/19/05—No. D045154] [Buell-Wilson v Ford](#)— Judgment in favor of plaintiff: Case involving rollover of Ford Explorer leaving plaintiff wife a paraplegic depriving plaintiff husband of consortium. A multimillion dollar award is conditionally reversed and must be reduced to the extent that non-economic and punitive damages are excessive.

Medical Malpractice Texas—Failure to Diagnose. [Walker / Strange v Hawkins / Memorial Hermann Baptist Beaumont Hospital](#): The estate of a 26 year old woman with paranoid schizophrenia suffered a ruptured ectopic pregnancy resulting in death. 1.7 M award to the plaintiff.

[Crotty v Dakota Care Administration Service Inc.](#) Plaintiff claimed lost opportunity to extend health insurance coverage because administrator filed

to notify her, as required by COBRA. Summary judgment for defendant is reversed as defendant did not show that it kept records of notice or that its mailing system was reliable.

Fall from Height—New York: [Kulik v New York State Urban Development Corporation](#). Laborer was asked to stand on milk crate on top of a scaffold because he was not tall enough to reach the ceiling. Injured worker fell, suffered severe brain damage and recovered \$16M.

References: [Verdict Search.com](#)
[Findlaw](#)

Interesting Internet Articles

Strategies to Reduce Medication Errors U.S. Food and Drug Administration [Click Here](#)

A Mediation Skills Model to Manage Disclosure of Errors and Adverse Events to Patients. National Library of Medicine Abstract. [Click Here](#)

Traumatic Stress and Motor Vehicle Accidents U.S. Department of Veterans Affairs [Click Here](#)



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ONE-STOP SHOPPING FOR CRITICAL CASE KNOWLEDGE, BY JENEE SCHRULE

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CASEMAP ONE STOP SHOPPING (CONTINUED)

ware that offers powerful cross transcript searching, new reports styles, condensed transcript printing and has a built in PDF feature. DepPrep is an electronic tutorial that simplifies the preparation of witnesses for deposition allowing you more time to move on to more important case-related areas. Last but not least is NoteMap, an outliner that makes is easy to create, edit and use outlines.

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cacy (NITA), as a market-leading resource for a complete litigation management service. Using the Concordance Solution, a repository of litigation documents which allows users to search millions of documents in second, the Total Litigator will be able to link it's own capabilities with those of these other products. This blend of tools allows LexisNexis to deliver a strategic edge to attorneys by offering them a single destination to meet their needs for the litigation process. In addition to the LexisNexis Total Litigator integration, CaseMap and Dataflight will continue to be offered as "stand-alone" products.

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